

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51		/		
2							52		/		
3							53		/		
4							54		/		
5							55		/		
6							56		/		
7							57	/			
8							58	/			
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12							62	/	/		
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41	/						91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				